MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878) SERIAL NO. 10/089727 APPLICANT(8) FILING DATE . CLAIMS. AFTER AFTER 1st-AMENDMENT 2nd AMENDMENT AS FILED -IND. DEP. IND ... DEP. IND. DEP. ' IND. DEP. DEP. IND. DEP. 1. : ; . `.2.. 3. ---: ... 5596 : .7 8 : .17 -68 19. . 70 76 27 . .79 - 80 33 -.86 *: . -89 .90 ** . 99 TOTAL TOTAL TOTAL DEP. YOYAL DEP TOTAL IZ TOTAL 3 10 7 Sign 13.00